

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>C</u>	FIRST <u>Linda</u>	MI <u>L</u>
	NICKNAME	LAST <u>Harvell</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1103 Anderson Suite 102 College Station TX 77840		
	AREA CODE PHONE NUMBER EXTENSION (979) 703-5305		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <u>C</u>	FIRST <u>Ben</u>	MI
	NICKNAME	LAST <u>White</u>	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4759 Stonewall Cir. College Station TX 77845		
	AREA CODE PHONE NUMBER EXTENSION (979) 219-2396		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	REPORT TYPE		
	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
8 CAMPAIGN TREASURER PHONE	PERIOD COVERED		
	Month Day Year 7 / 28 / 2016 THROUGH Month Day Year 10 / 11 / 2016		
9 REPORT TYPE	ELECTION		
	ELECTION DATE: Month Day Year / / ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
10 PERIOD COVERED	12 OFFICE		
	OFFICE HELD (if any)		
11 ELECTION		13 OFFICE SOUGHT (if known)	
		College Station City Council Place 3	

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

15 Filer ID (Ethics Commission Filers)

Linda L. Harve II

☐ Additional Pages

\$ 944.45

\$ 5,394.45

\$ 323.64

\$ 3,194.15

\$ 2,200.30

\$ 0

Linda Harrell

Sworn to and subscribed before me, by the said Linda L. Harvell, this the 11th
day of October, 20 16, to certify which, witness my hand and seal of office.

[Handwritten signature]

Ian Whittenton

Records Administration

Title of officer administering oath



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Linda L. Harvell

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,450.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,748.24
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,122.27
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Linda L Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

8/31/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Ben White

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

4759 Stanbriar College Station TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/6/16

Full name of contributor

☐ out-of-state PAC (ID#:

Gary Ives

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3943 Blue Jay Ct
College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/16

Full name of contributor

☐ out-of-state PAC (ID#:

Sherry Ellison

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2705 Brookway Dr.
College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

Full name of contributor

☐ out-of-state PAC (ID#:

Katherine Edwards

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

313 Pershing
College Station TX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Linda L. Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Margaret Godfrey

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1905 Springhaven

College Station TX

77840

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/18/16

Full name of contributor

☐ out-of-state PAC (ID#:

Tina Hanna

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1707 Serval Ln

College Station TX

77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/16

Full name of contributor

☐ out-of-state PAC (ID#:

Lisa Halperin

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1811 Shadowwood

College Station TX

77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22/16

Full name of contributor

☐ out-of-state PAC (ID#:

Gabriel Garcia

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

2205 Hillside Dr

College Station TX

77844

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Bryan TX 77802

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Linda L. Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/16

5 Full name of contributor

Bob Jones

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

11211 Katy Freeway #325
Houston TX 77079

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/16

Full name of contributor

William Reynolds

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

203 Cecilia Ct
College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/16

Full name of contributor

Ronald Schmidt

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

835 N. Rosemary Dr
Bryan TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/16

Full name of contributor

Heidi Frisk

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

1004 Ashburn Ave
College Station TX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Linda L Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

9/16/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Lynn McIlhenny

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

2022 Oakwood Trail
College Station TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/22/16

Full name of contributor

☐ out-of-state PAC (ID#:

David Marion

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

10276 N Dowling Rd
College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22/16

Full name of contributor

☐ out-of-state PAC (ID#:

Sharon Wolf

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2152 Maplewood Ct
College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/16

Full name of contributor

☐ out-of-state PAC (ID#:

Blanche Brick

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1309 Foxfire Dr
College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Linda Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Thomas Bughinbaugh III

6 Contributor address;

City; State; Zip Code

1036 Resc Circle
College Station TX 77840

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/29/16

Full name of contributor

☐ out-of-state PAC (ID#:

Elizabeth Boykin

Contributor address;

City; State; Zip Code

5257 Sagebrush
College Station TX 77845

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29/16

Full name of contributor

☐ out-of-state PAC (ID#:

Shirley Ford

Contributor address;

City; State; Zip Code

PO Box 1319
Franklin TX 77856

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/16

Full name of contributor

☐ out-of-state PAC (ID#:

Cheryl Zolkowski

Contributor address;

City; State; Zip Code

14407 CR 336
Caldwell TX 77836

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Linda L Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

9/5/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mark Middlebrooks

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

5308 St Andrews Dr
College Station TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/6/16

Full name of contributor

☐ out-of-state PAC (ID#:

Carrie Hurt

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2223 Parkland Cove
Round Rock TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/16

Full name of contributor

☐ out-of-state PAC (ID#:

Jonathan Coopersmith

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/16

Full name of contributor

☐ out-of-state PAC (ID#:

Carolyn Allen

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

2628 Peach Creek
College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Linda H. Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Nancy Inglis

6 Contributor address;

City; State; Zip Code

3912 Lienz Ln
College Station TX 77845

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/26/16

Full name of contributor

☐ out-of-state PAC (ID#:

Mary Dresser

Contributor address;

City; State; Zip Code

501 Fairview
College Station TX 77840

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/16

Full name of contributor

☐ out-of-state PAC (ID#:

Randall Beggs

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/9/16

Full name of contributor

☐ out-of-state PAC (ID#:

Carl Gough

Contributor address;

City; State; Zip Code

3902 Park Meadow
Bryan TX 77802

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Linda L. Harvell	3 Filer ID (Ethics Commission Filers)
4 Date 9/23/16	5 Payee name The Insite Group	
6 Amount (\$) \$1,748.24	7 Payee address; City; State; Zip Code 123 E. W.J. Bryan Pkwy Bryan TX 77803	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Linda L Harvell	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 9/18/16	6 Payee name FedEx Office	
7 Amount (\$) \$552.27	8 Payee address; City; State; Zip Code 509 University Dr. College Station, TX 77840	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 9/30/16	Payee name Bryan Broadcasting	
Amount (\$) \$570.00	Payee address; City; State; Zip Code PO Box 3248 Bryan TX 77805	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED